

NRA SHOW 2011 ATTENDEE **REGISTRATION FORM**

May 21-24, 2011 - McCormick Place - Chicago, IL USA

Advance Registration Deadline: April 15, 2011

Online registration will remain open through May 23, 2011

You must provide

your business' tax ID

number or attach a

business card here

3 Ways to Register

www.restaurant.org/show

Mail to: NRA Registration Headquarters P.O. Box 624, Brookfield, IL 60513-0624

Fax: (708) 344-4444

Step 1 Contact Information

PLEASE PRINT CLEARLY and complete all fields. The Show is for trade only and not open to the public. Badges mail individually unless requested otherwise. Badges will begin mailing in April.

FIRST NAME (as you would like it to appear on badge)	LAST NAME		
PROFESSIONAL TITLE			Tax ID Number
COMPANY NAME			
ADDRESS	CITY		
STATE/PROVINCE	POSTAL CODE COUN	TRY	No one under age 16
PHONE	FAX		(including infants and toddlers) will be admitted.
EMAIL	COMPANY WEBSITE		
<u> </u>	t 21, are you at least 16 years of age? es ☐ No	Have you attended NRA SI ☐ Yes ☐ No	now in the past?
Step 2 Industry Classification Check one box that best represents you and answer the corresponding questions below.			
Restaurant/Foodservice/Retail Loc	dging Dealer/Distributor [Affiliated Non-Exhibit	ing Supplier
Restaurant/Food	service/Retail	Lodging	Dealer/Distributor
What term BEST describes your establishment or operation? Restaurant/Foodservice Commercial	Do you serve alcoholic beverages? (Check only one) 34 ☐ Yes 35 ☐ No	What term describes your lodging operation? L1 ☐ Bed & Breakfast	D1
Table Service - Fine Dining Table Service - Casual Dining Table Service - Family Dining	36 How many units do you represent?	L2 Casino L3 Cruise Ship L4 Hotel	D4 Food/Beverage Broker D5 Food Distributor
4 Quick Service 5 Fast Casual 6 Pizza	What are the annual sales at your operation? (Check only one)	L5 Motel L6 Resort/Spa	D6 Supplies Distributor Buying Group Affiliation:
7 Bar/Tavern/Pub/Brewery 8 Coffee Shop/Donut/Bakery/Chocolatier 9 Ice Cream/Frozen Novelty	37 Under \$100,000 38 \$\\$100,000 - \$499,999 39 \$\\$500,000 - \$1,499,999 40 \$\\$1,500,000 - \$4,999,999	Number of rooms at your lodging location? (Check only one)	Trade Association Membership:
10 Buffet/Cafeteria/Banquets 11 Catering - On/Off Premise 12 Clubs - Social/Country/Golf	41 \$5,000,000 - \$24,999,999 42 Over \$25,000,000	L7 Under 50 L8 50-150	Affiliated
 Concessions - Theme Parks/Sports/Entertainment Conference/Convention Centers Mobile Foodservice & Vending 	What is your purchasing role? (Check only one) 43 ☐ Make decisions 45 ☐ Influence decisions	L9 Over 150	A1
16 Airlines/Commissary 17 Lodging/Casino/Cruise Ship/Resort Restaurant/Foodservice Non-Commercial	44 Specify products/ 46 No role services	job function? (Check only one)	A5 Equipment Service A6 Exporter/Importer
19 Business & Industry/Other Contract Foodservice 20 College/University Foodservice 21 Correctional Institution/Prison 22 Health Care/Retirement 23 Military/Military Clubs 24 School Foodservice 18 Other Retail 25 Convenience Store 26 Specialty Store/Gourmet/Deli	What is your PRIMARY job function? (Check only one) 47	L10 Corporate L11 Front Desk L12 General Manager L13 Operations L14 Owner L15 Purchasing L16 Sales/Catering Chef (please register under Restaurant/Foodservice) L17 Other	A7 Faculty/Admin/Training A8 Financial Services A9 Government Agency/Utilities A10 Information Technology A11 Manufacturers Agent/Rep A12 Specifier A3 Student - Culinary/Hospitality A13 Trade Association A14 Guest A15 Other
27 Supermarket 28 Wholesaler/Warehouse Club	54 Accounting/Finance 55 MIS/IT 56 Marketing/Sales	What is your purchasing role?	Non-Exhibiting Supplier
What BEST describes your ownership? (Check only one) 29	57 Training/HR 58 Nutrition/Dietetics 59 QA/R&D 60 Design/Construction 61 Other	L18 Make decisions L19 Specify products/services L20 Influence decision L21 No role	S1 Beverage Manufacturer S2 Equipment Manufacturer S3 Food/Ingredient Manufacturer S4 Supplies Manufacturer
Step 3 Payment Information Full payment MUST accompany this form. A confirmation will be sent provided a payable to: National Restaurant Association Card Number Card Number Expiration Date			
approximately 72 hours after receipt of form if an email address is provided. By registering, you give us permission to provide your contact information Understand the provided the provided your contact us in writing. American Express Diners Club —		Cardholder Name	·
\$45 per person if received by April 15, 2011 \$90 per person aftreaction April 15, 2011	er ☐ MasterCard ☐ Visa	Authorized Signature	